2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000055152

1. Entity Name
HOT SPOT AMUSEMENT ARCADE INC.

FILED
09 AUG 17 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2732 S US HIGHWAY 1 FORT PIERCE, FL 34982	2732 S US HIGHWAY 1 FORT PIERCE, FL 34982

REINSTATEMENT 08-09

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANLEY, AMY 1114 SW. HEATHER STR. PORT SAINT LUCIE, FL 34983	Name: Michael S. Coughlin Street Address (P.O. Box Number is Not Acceptable): 2732 South US-1 City: Fort Pierce **FL** Zip Code: 34982

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 8-11-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOWIII FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D DANLEY, AMY 1114 SW. HEATHER STR. PORT SAINT LUCIE, FL 34983	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Owner Michael S. Coughlin 2732 S. US-1 Fort Pierce 34982
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DANLEY, AMY 1114 SW. HEATHER STR. PORT SAINT LUCIE, FL 34983	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Prem Kunwar V.P. 2732 S. US-1 Fort Pierce FL. 34982
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D PORTALE, CHRIS 1114 SW.HEATHER STR. PORT SAINT LUCIE, FL 34983	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800159651738 08/17/09--01071--013 **900.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition X 8/20

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Michael Coughlin 8-11-09 772 467-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #